

Louisiana Department of Health Office of Public Health Environmental Health-Sanitarian Services



Non- Congregate Meals

Event: **Covid-19**

Applicant Information

Food Service Associated: _____ Date: _____

Address: _____

Street Address City State Zip Code

Lead Contact _____

Name Title

Phone: _____ Email _____

Food Products and Equipment

Have you attached a sample menu? (min 2 weeks)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, have you provided a list of equipment used for hot and cold storage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you provided a list of equipment used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number of Meals provided daily? _____		
Do you intend to serve only shelf stable foods?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Attach any sample temperature logs		

Food Source (distributor): _____

Operational Plan

Have you attached a drawing indicating location of equipment and hand washing facilities? Yes ☐ No ☐

Do you understand that while you are in possession of foods that require time/temp controls you are responsible to maintain the temperatures (41F or lower or 135 F or higher) Yes ☐ No ☐

Do you intend to use time as a public health control? Yes ☐ No ☐

If yes to above, have you attached your sample log sheets indicating date, menu item, time food removed from temperatures control and discard time? Yes ☐ No ☐

Have you identified any special processes used? (ex. Reduced oxygen packaging) Yes ☐ No ☐

Do you maintain a list of individuals delivered food daily? Yes ☐ No ☐

If no, please note the method you intend to use when tracing distribution due to a food borne illness _____

Will you be delivering the meals? Yes ☐ No ☐ If yes, *See page 2 for delivery meal requirements

Delivering Meals

Have you provided a list of equipment used in delivery? (ex. cambro, refrigerated truck) Yes ☐ No ☐

Will each food package be labeled with the time for discard (4 hours after removal from temperature control)?
Yes ☐ No ☐

What are the number of meals delivered daily? _____

Do you have a list of delivery sites? Yes ☐ No ☐

If no, what will be your method of tracing distribution? _____

Submit your plan to the local LDH Environmental Health Office. After reviewing, feedback will be provided to assist with safe achievement of this mission. For contact information in each parish, please visit: <http://ldh.la.gov/index.cfm/page/3745>. Find this and additional information at eatsafe.la.gov.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE

Sanitarian Reviewer: _____ Date: _____

Status: Approved ☐ Denied ☐ Applicant Notified Yes ☐ No ☐